

State of Connecticut Department of Developmental Services



Ned Lamont Governor

Jordan A. Scheff Commissioner

Peter Mason Deputy Commissioner

DDS Funding Guidelines

Version: September 16, 2021 - Orange shaded sections indicate a revision or addition

*Residential budget of \$275,000 or higher need to be referred to the Deputy Commissioner
*A combination of Residential and Day budget totaling \$300,000 or higher need to be referred to the Deputy Commissioner

DAY SERVICES

Senior Support Service Rates - Effective 4/1/21					
LON Overall Day or Behavior (Whichever is higher)	Annual Full-Time (Does not include transportation)	Hourly Rate			
1	\$10,314	\$7.64			
2	\$13,716	\$10.16			
3	\$17,118	\$12.68			
4	\$18,846	\$13.96			
5	\$20,574	\$15.24			
6	\$22,464	\$16.64			
7	\$24,300	\$18.00			
8	\$26,136	\$19.36			

Community Group Day (GSH/DSH/TSH) Services Rates - Effective 7/1/20					
LON Overall Day or Behavior (Whichever is higher)	Annual Full-Time (Does not include transportation)	Hourly Rate			
1	\$13,554	\$10.04			
2	\$18,090	\$13.40			
3	\$22,626	\$16.76			
4	\$24,894	\$18.44			
5	\$27,108	\$20.08			
6	\$29,376	\$21.76			
7	\$31,644	\$23.44			
8	\$33,912	\$25.12			

Individualized Day			
Hourly Rate: Up to	\$34.00		
The Use of Both feet of	Challand Daniel and Calaba Annual and		
The Hourly Rate for Individualized Day is negotiable. Annualized			

The Hourly Rate for Individualized Day is negotiable. Annualized funding is allocated using the Community Group Day Rates.

Individualized Day Requiring Acces	ssible Transportation			
Annualized Rate \$62,588				
Hourly Rate \$46.36				
*Requires Approval from Regional Director or designee				

ISE				
Ra	Rate: \$55.00 per hour			
LON	Annualized Rate for each hour of 1:1 supports			
1	Maximu	Maximum of 3 hours per week		
2	Maximum of 4 hours per week			
3-8	Maximu	Maximum of 5 hours per week		

Annualized 1:1 and 2:1 -URR Requi	ADD-ON	
not include transportation or 1:1/2	Annualize	
1:1 in Group Day Setting	\$7,874	
2:1 Group Day Setting	\$87,197	\$14,535
Individual Day (Max 1500 units)	\$51,000	N/A

DAY SERVICES CONTINUED

	GSE, DSO, Transitional Services 1:1 Rates - URR REQUIRED					
LON Overall Day or Behavior (Whichever is higher)	LON Hourly Rate	Enhanced Staffing Hourly Rate	1:1 Hourly Rate	1:1 Annual Rate Full Time (Does not include transportation)	Annual Cost of 1:1 staff on Van	Enhanced Staffing Trip Rate (Individual would receive the transportation trip rate plus the enhanced staffing trip rate)
1	\$10.04	\$24.94	\$34.98	\$47,223	\$7,874	\$17.50
2	\$13.40	\$21.58	\$34.98	\$47,223	\$7,874	\$17.50
3	\$16.76	\$18.22	\$34.98	\$47,223	\$7,874	\$17.50
4	\$18.44	\$16.54	\$34.98	\$47,223	\$7,874	\$17.50
5	\$20.08	\$14.90	\$34.98	\$47,223	\$7,874	\$17.50
6	\$21.76	\$13.22	\$34.98	\$47,223	\$7,874	\$17.50
7	\$23.44	\$11.54	\$34.98	\$47,223	\$7,874	\$17.50
8	\$25.12	\$9.86	\$34.98	\$47,223	\$7,874	\$17.50
AO & Grad transportation estimated cost is \$3,117						

	Senior Supports 1:1 Rates - URR REQUIRED					
LON Overall Day or Behavior (Whichever is higher)	LON Hourly Rate	Enhanced Staffing Hourly Rate	1:1 Hourly Rate	1:1 Annual Rate Full Time (Does not include transportation)	Annual Cost of 1:1 staff on Van	Enhanced Staffing Trip Rate (Individual would receive the transportation trip rate plus the enhanced staffing trip rate)
1	\$7.64	\$27.34	\$34.98	\$47,223	\$7,874	\$17.50
2	\$10.16	\$24.82	\$34.98	\$47,223	\$7,874	\$17.50
3	\$12.68	\$22.30	\$34.98	\$47,223	\$7,874	\$17.50
4	\$13.96	\$21.02	\$34.98	\$47,223	\$7,874	\$17.50
5	\$15.24	\$19.74	\$34.98	\$47,223	\$7,874	\$17.50
6	\$16.64	\$18.34	\$34.98	\$47,223	\$7,874	\$17.50
7	\$18.00	\$16.98	\$34.98	\$47,223	\$7,874	\$17.50
8	\$19.36	\$15.62	\$34.98	\$47,223	\$7,874	\$17.50

1:	1:1 Titration Rates for Day			
LON	Annualized Rate for each hour of 1:1			
1	\$5,612			
2	\$4,856			
3	\$4,100			
4	\$3,722			
5	\$3,353			
6	\$2,975			
7	\$2,597			
8	\$2,219			

Group Day Direct Care RN Enhancement Rate (Must be URR Approved)					
Group LON Rate	Nurse to participant ratio	1:1 Hourly Rate	Enhanced Nursing Oversight Rate		
	1 to 1	\$71.56	\$0.00		
	1 to 2	N/A	\$35.80		
Individual	1 to 3	N/A	\$23.84		
would receive	1 to 4	N/A	\$17.88		
their group	1 to 5	N/A	\$14.32		
day rate plus	6 to 9	N/A	\$10.24		
the RN rate	10 or more	N/A	\$7.16		

2:1 Titration Rates for Day				
LON	Annualized Rate for each hour of 2:1			
1	\$6,662			
2	\$6,662			
3	\$6,662			
4	\$6,662			
5	\$6,662			
6	\$6,662			
7	\$6,662			
8	\$6,662			

Group Day Direct Care <u>LPN</u> Enhancement Rate (Must be URR Approved)						
Group LON Rate	Nurse to participant ratio	1:1 Hourly Rate	Enhanced Nursing Oversight Rate			
	1 to 1	\$57.04	\$0.00			
	1 to 2	N/A	\$28.52			
Individual would receive their group	1 to 3	N/A	\$19.00			
	1 to 4	N/A	\$14.28			
	1 to 5	N/A	\$11.40			
day rate plus	6 to 9	N/A	\$8.16			
the RN rate	10 or more	N/A	\$4.76			

DSO Medical Rate at 80% Utilization (Must have a LON_HealthMedical_SubDomain score of at least 6 to qualify and URR approved)					
LON	Per Diem	Hourly			
1	\$62.88	\$10.48			
2	\$83.76	\$13.96			
3	\$104.64	\$17.44			
4 \$115.20 \$19.20					
5	\$125.52	\$20.92			
6	\$136.08	\$22.68			
7	\$146.64	\$24.44			
8 \$156.96 \$26.16					
TRANSPORTATION					

Annualized Transportation Rates - Accessible							
	TOTAL Annualized	TOTAL Annualized	TOTAL annual Accessible				
	Accessible Trip	Accessible Trip rate for an	transportation cost with				
Mileage Range		additional person on the	1:1 staffing				
		van (not a one to one)					
<= to 3.5 miles	\$2,079	\$4,982	\$9,953				
3.6 to 6 miles	\$4,158	\$8,028	\$12,032				
6.1 to 8.5 miles	\$6,233	\$11,651	\$14,107				
8.6 to 11 miles	\$8,312	\$16,047	\$16,186				
11.1 to 13.5 miles	\$10,391	\$19,674	\$18,265				
13.6 to 16 miles	\$12,470	\$24,080	\$20,344				
16.1 to 20 miles	\$14,544	\$28,476	\$22,418				
20 miles and up	\$14,544	\$28,476	\$22,418				

Annualized Residential/Day and Non-Accessible Transportation Rates							
	TOTAL Annualized	TOTAL Annualized Non-	TOTAL Annualized Non-				
	RES/DAY Transportation	Accessible Trip rate for an	Accessible Trip rate for				
BATTA A BATTA		additional person on the	one to one on the van				
Mileage Range		van (not a one to one)	(sitting next to the				
			person on the van)				
<= to 7 miles	\$2,079	\$4,982	\$9,953				
7.1 to 12 miles	\$4,158	\$9,963	\$12,032				
12.1 to 16 miles	\$6,233	\$14,360	\$14,107				
16.1 to 20 miles	\$8,312	\$18,761	\$16,186				
20 miles and up	\$8,312	\$18,761	\$16,186				

RESIDENTIAL SERVICES

I.H.S Hours for Own Home					
Hourly Rate	\$34.00				
LON	Hours per Week				
1	14				
2	17				
3	20				
4	23				
5	28				
6	36				
7	42				
8	48				
Safety Net	\$4,862				

Group IHS Rates				
Number of IHS Hourly Rate				
1	\$34.00			
2	\$19.52			
3	\$14.38			

I.H.S Behavior Hours				
Hourly Ra	te \$121.20			
LON Annual				
1-2	0			
3-4	2			
5-6	4			
7	8			
8	12			

Personal Support			
Hourly Rate \$34.0			

I.H.S Cluster Safety Net - Annualized				
2 per cluster	\$3,458			
3 per cluster	\$2,328			
4 per cluster	\$1,774			
5 per cluster	\$1,442			
6 per cluster	\$1,258			
7 per cluster	\$1,159			
8 per cluster	\$1,045			
9 per cluster	\$956			
10 per cluster \$885				
11 per cluster \$827				
12 or greater per cluster \$789				

Supports					
LON Hours per Week					
1	N/A				
2	N/A				
3	17				
4	20				
5	25				
6	33				
7	39				
8	45				

Health Care Coordination				
Health Care Coordination (\$71.71 per hour) +LON Score health/medical score 4 or higher score of 6 or higher for combination of: health/medical and either the behavior (home) or psychiatric (home) domains, whichever is higher. Authorized hrs of service per year Score of 4-6 24 hrs Score of 7-9 36 hrs Score of 10-14 48 hrs	Authorized Hours of Service Per Year			
Score of 4-6	24 Hours			
Score of 7-9	36 Hours			
Score of 10-14	48 Hours			

	CLA/CRS - Residential Initial Rates								
				L	ON				
Beds	1	2	3	4	5	6	7	8	
1	\$28,034	\$37,368	\$74,659	\$99,546	\$130,685	\$200,149	\$216,119	\$230,759	
2	\$28,034	\$37,368	\$74,659	\$99,546	\$130,685	\$137,340	\$151,536	\$169,367	
3	\$28,034	\$37,368	\$74,659	\$99,546	\$113,742	\$128,860	\$147,099	\$166,705	
4	\$28,034	\$37,368	\$74,659	\$83,754	\$98,214	\$113,332	\$142,442	\$164,043	
5	\$28,034	\$37,368	\$63,321	\$75,769	\$89,564	\$109,339	\$140,445	\$161,382	
6	\$28,034	\$32,471	\$57,110	\$70,888	\$86,236	\$105,347	\$136,452	\$154,727	
7	\$23,776	\$29,809	\$51,912	\$63,695	\$74,258	\$92,038	\$121,812	\$148,072	
8	\$22,445	\$28,478	\$47,349	\$60,367	\$70,265	\$86,714	\$115,158	\$140,086	

	CLA/CRS - ONE TO ONE								
L		24 Hour One to O	ne		16 Hour Awake	e One to One			
O N S C O R	Raw One to One (138 hours per week * \$ 25.80 hourly rate *52 weeks)	Average Contribution from Person's LON funding towards the One to one staff	Additional Funding above the individual's LON for the one to one staff and to contribute to the regular staffing in the house	Raw One to One (82 hours per week * \$ 25.80 hourly rate *52 weeks)	Average Contribution from Person's LON funding towards the One to one staff	Additional Funding above the individual's LON for the one to one staff and to contribute to the regular staffing in the house	Average Hourly Rates (Minimum of 7 hours of one to one per day)		
4	\$185,141	\$28,195	\$156,946	\$110,011	\$16,902	\$93,109	\$21.87		
5	\$185,141	\$33,560	\$151,580	\$110,011	\$20,121	\$89,890	\$21.12		
6	\$185,141	\$37,585	\$147,556	\$110,011	\$22,536	\$87,475	\$20.56		
7	\$185,141	\$46,975	\$138,166	\$110,011	\$28,170	\$81,842	\$19.26		
8	\$185,141	\$56,364	\$128,777	\$110,011	\$33,804	\$76,207	\$17.95		

CCH Annualized Amounts									
	LON								
	1	2	3	4	5	6	7	8	
Service and Support	\$15,996.00	\$18,888.00	\$21,192.00	\$23,508.00	\$28,128.00	\$33,324.00	\$38,520.00	\$39,672.00	
CTV Rate	\$8,784.00	\$10,020.00	\$11,220.00	\$13,464.00	\$15,060.00	\$15,420.00	\$18,516.00	\$18,588.00	
Total with CTV Rate	\$24,780	\$28,908	\$32,412	\$36,972	\$43,188	\$48,744	\$57,036	\$58,260	

CCH Re	spite Rate
Rate Type:	Daily Rate:
Individual Rate	\$207
Group Rate	\$155

RESPITE								
Service	Waiver	Procedure Code	Units/Smallest unit increment	Provider Rate				
Respite Agency, In home, Individual	EDS	5151 d	Per Diem	\$335.29	Per Day			
Respite Agency, in nome, marvidual	IFS/COMP	S 5151	T CT DICIII	, , , , , , , , , , , , , , , , , , ,	1 Ci Day			
Respite Agency, In home, Individual	EDS	1404 z	Hour / 15 minutes	\$27.94	Per Hour			
Respite Agency, in nome, marvidual	IFS/COMP	S 5150	riodi / 13 minates	Ş27.5 4	1 Ci Tiodi			
Respite Agency, out of home,	EDS	1402 z	Per Diem	\$365.68	Per Day			
Individual	IFS/COMP	S 5151	rei bieiii	\$303.06	rei Day			
Respite Agency, out of home,	EDS	1406 z	Hour / 15 minutes	\$29.20	Per Hour			
Individual	IFS/COMP	S 5150	riodi / 13 illilidies	\$29.20	Pel Houl			
Respite Agency, Group Rate 1	IFS/COMP/EDS	S 5151	Per Diem	\$142.16	Per Day			
Respite Agency, Group Rate 1	EDS	5152 z	Harris / 15 minutes	¢10 F0	Per Hour			
	IFS/COMP	S 5150	Hour / 15 minutes	\$10.58	Per Hour			
Despite Agency Crown Date 2	EDS	5151 a	Per Diem	\$180.57	Per Day			
Respite Agency, Group Rate 2	IFS/COMP	S 5151	- Per Dieili	\$160.57	Per Day			
	EDS	5153 z	11 / 45	¢12.76	Per Hour			
Respite Agency, Group Rate 2	IFS/COMP	S 5150	Hour / 15 minutes	\$13.76				
2 11 4 2 2 1 2	EDS	5151 b	B Bis	6244.50	D D			
Respite Agency, Group Rate 3	IFS/COMP	S 5151	Per Diem	\$244.50	Per Day			
Barrilla Assault Communication	EDS	5154 z	Have / 45 rainutes	¢10.10	Davillania			
Respite Agency, Group Rate 3	IFS/COMP	S 5150	Hour / 15 minutes	\$19.10	Per Hour			
Respite Agency, In Home , 2 person	IFS/Comp/EDS	S 5151	Per Diem	\$209.56	Per Day			
Respite Agency, In Home , 2 person	IFS/COMP	S 5150	Hour / 15 minutes	\$17.49	Per Hour			
Respite Agency, Out of Home , 2 person	IFS/Comp/EDS	S 5151	Per Diem	\$239.95	Per Day			
Respite Agency, Out of Home , 2 person	IFS/COMP	S 5150	Hour / 15 minutes	\$18.75	Per Hour			

Preplacement CCH Rates - NOT RESPITE								
LON	LON Amount	Annualized	Daily Rate					
1	\$1,333	\$15,996	\$44					
2	\$1,574	\$18,888	\$52					
3	\$1,766	\$21,192	\$58					
4	\$1,959	\$23,508	\$64					
5	\$2,344	\$28,128	\$77					
6	\$2,777	\$33,324	\$91					
7	\$3,210	\$38,520	\$106					
8	\$3,306	\$39,672	\$109					

OVERNIGHT CAMP RATES						
Residential LON of 1 or 2	\$142.16	Per Day	Includes transportation			
Residential LON of 3,4, or 5	\$180.57	Per Day	Includes transportation			
Residential LON of 6 or 7	\$244.50	Per Day	Includes transportation			

	OVERNIGHT CAMP - WEEKLY RATES							
Residential LON	Weekly Rate	2 We	ek Rate	Comment				
1 or 2	\$995.10	Attends at least 160 consecutive hou						
1 or 2		\$1,990.21 Attends at least 308 consecutive hou						
3, 4, or 5	\$1,264.02	Attends at least 160 consecutive hou						
3, 4, or 5		\$2,528.05		Attends at least 308 consecutive hours				
6 or 7	\$1,711.50			Attends at least 160 consecutive hours				
6 or 7		\$3,4	23.00	Attends at least 308 consecutive hours				
8	Negotiated			Attends at least 160 consecutive hours				
8		Negotiated Attends at least 308 consecutive he		Attends at least 308 consecutive hours				
Rates includes Transportation Use LON 5 if there is no completed LON				Use LON 5 if there is no completed LON				
Camp providers will be paid	for individuals that leave c	amp early du	ring the wee	k a prorated daily amount. The amount of days to be				

	EM	IPLOYMEN	IT INITIATIVES			
Career Plan (10 hours I	/laximum)		Working Interview (40	Hours Maximum)		
SEI Staffing	\$55.00	Per Hour	SEI Staffing	\$55.00	Per Hour	
	46.62 +			46.62 +		
	Hourly LON			Hourly LON		
DSO/GSE (Group Day) Staffing	Rate	Per Hour	DSO/GSE (Group Day) Staffing	Rate	Per Hour	
IDV Staffing	\$34.00	Per Hour	IDV Staffing	\$34.00	Per Hour	
			IDV Starring	\$34.00	rei noui	
Completed Career Plan		4.77			\	
Intensive Job Placemer	it/Training		Benchmark (only for those wit		•	
SEI Staffing	\$55.00	Per Hour	Job Start	\$2,000 N	/laximum	
	46.62 +					
	Hourly LON					
DSO/GSE (Group Day) Staffing	Rate	Per Hour	3 Month	\$2,000 N	/laximum	
IDV Staffing	\$34.00	Per Hour	6 Month			
Individual Wages (40 Hours Maximum)	\$13.30	Per Hour				

Detailed Accessible T	rip rate fo	an additi	onal perso	n on the va	an (not a on	e to one)
Residential and Day rates for transporting individuals to their day program	Transportatio n Annual Cost	Lotal	Cost per trip	Enhanced Staffing Per Trip	Total trip rate	Total annual
<= to 3.5 miles	\$2,079	450	\$4.62	\$6.45	\$11.07	\$4,982
3.6 to 6 miles	\$4,158	450	\$9.24	\$8.60	\$17.84	\$8,028
6.1 to 8.5 miles	\$6,233	450	\$13.85	\$12.04	\$25.89	\$11,651
8.6 to 11 miles	\$8,312	450	\$18.47	\$17.19	\$35.66	\$16,047
11.1 to 13.5 miles	\$10,391	450	\$23.09	\$20.63	\$43.72	\$19,674
13.6 to 16 miles	\$12,470	450	\$27.71	\$25.80	\$53.51	\$24,080
16.1 to 20 miles	\$14,544	450	\$32.32	\$30.96	\$63.28	\$28,476
20 miles and up	\$14,544	450	\$32.32	\$30.96	\$63.28	\$28,476

Detailed Accessible Trip rate for one to one on the van (sitting next to the person							
Residential and Day rates for transporting individuals to their day program	Transportatio n Annual Cost	Total authorized trips per year (2 per day)	Cost per trip	1:1 Staffing Per Trip	Total trip rate with 1:1 staffing	Total annual transportatio n cost with 1:1 staffing	
<= to 3.5 miles	\$2,079	450	\$4.62	\$17.50	\$22.12	\$9,953	
3.6 to 6 miles	\$4,158	450	\$9.24	\$17.50	\$26.74	\$12,032	
6.1 to 8.5 miles	\$6,233	450	\$13.85	\$17.50	\$31.35	\$14,107	
8.6 to 11 miles	\$8,312	450	\$18.47	\$17.50	\$35.97	\$16,186	
11.1 to 13.5 miles	\$10,391	450	\$23.09	\$17.50	\$40.59	\$18,265	
13.6 to 16 miles	\$12,470	450	\$27.71	\$17.50	\$45.21	\$20,344	
16.1 to 20 miles	\$14,544	450	\$32.32	\$17.50	\$49.82	\$22,418	
20 miles and up	\$14,544	450	\$32.32	\$17.50	\$49.82	\$22,418	

<u>Detailed Non- Accessible</u> Trip rate for an additional person on the van (not a one to								
Residential and Day rates for transporting individuals to their day program	Transportatio n Annual Cost	Total authorized trips per year (2 per day)	Cost per trip	Enhanced Staffing Per Trip	Total trip rate with enhanced staffing	Total annual transportatio n cost with enhanced staffing		
<= 7 miles	\$2,079	450	\$4.62	\$6.45	\$11.07	\$4,982		
7.1 to 12 miles	\$4,158	450	\$9.24	\$12.90	\$22.14	\$9,963		
12.1 to 16 miles	\$6,233	450	\$13.85	\$18.06	\$31.91	\$14,360		
16.1 to 20 miles	\$8,312	450	\$18.47	\$23.22	\$41.69	\$18,761		
20 miles and up	\$8,312	450	\$18.47	\$23.22	\$41.69	\$18,761		

Non- Accessible Trip rate for one to one on the van (sitting next to the person on								
Residential and Day rates for transporting individuals to their day program	Transportatio n Annual Cost	authorized trips per vear (2 per	Cost per trip	1:1 Staffing Per Trip	Total trip rate with 1:1 staffing	transportation cost with		
<= 7 miles	\$2,079	450	\$4.62	\$17.50	\$22.12	\$9,953		
7.1 to 12 miles	\$4,158	450	\$9.24	\$17.50	\$26.74	\$12,032		
12.1 to 16 miles	\$6,233	450	\$13.85	\$17.50	\$31.35	\$14,107		
16.1 to 20 miles	\$8,312	450	\$18.47	\$17.50	\$35.97	\$16,186		
20 miles and up	\$8,312	450	\$18.47	\$17.50	\$35.97	\$16,186		